



BOILER INSPECTION REPORT
NORTH DAKOTA INSURANCE DEPARTMENT
BOILER INSPECTION PROGRAM
SFN 10706 (11-2005)

BOILER INSPECTION PROGRAM
1701 SOUTH 12th STREET
BISMARCK ND 58504-6644
TELEPHONE: (701) 328-9607
FAX: (701) 328-9610

					Insurance Locator Code:									
Date Inspected:		Previous Inspection:		Pressure Type:		Certificate Posted:		Owner's ID:						
State Number: ND			National BD Number: NB			Other Number:			Kind of Inspection:					
Owner Name:			Users Name: (Object Location)			User Category:			Cert Inspection:					
						Spec Loc in Plant:			Additional Boiler:					
						Invoice To: Certif To:			Boiler Status:					
						Contact: County:			Manufacturer			With Manhole:		
Use:			Vessel Type:			Year Built		Fuel Type		Firing Method				
Pressure Gauge: Tested:			Low Water Cut Off: Brand:			Tested:			Hydro Test: PSI: Date:		Inservice: PSI:			
Pressure Allowed: This Insection:			Previous Inspection:			Safety Relief Valves: Set at:			Tested:			Min. S.V. Rel Capacity Required:		
Boiler's Heating Surface or Kilowatt Hour:						Minimum required safety valve relieving capacity based on:						Total Cap. of S.V. Installed:		
Is condition of object such that a cert may be issued? (if NO explain fully under CONDITIONS)						Cert Exp Date:			Reinspect Date: Month Year			Previous Code Violations:		

CONDITIONS: With respect to the internal and external surface, describe any adverse conditions and/or code violations and their locations.

REQUIREMENTS: (List Code Violations by Number Code)

INSPECTION COVERED WITH:

I hereby certify this is a true report of my inspection.

Name:		Signature:		Identification Number:	
Telephone:		Employed By:		NB Comm. Number:	